

# BUILDING PERMIT APPLICATION

Applicant's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

Job Site Location \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Lot Size \_\_\_\_\_

**\*Office Use Only\***

Impervious Percentage Used \_\_\_\_\_

Type of Improvement (Check one or all that apply)

New Building ☐ Addition ☐ Alteration ☐

Wrecking ☐ Renovation ☐ Other ☐

If other is checked above, then describe the type if improvement:

\_\_\_\_\_

**Proposed Use (Residential)**

One Family ☐ Two Family ☐ Other ☐

Garage ☐ Hotel/Motel ☐

If other is checked above, then describe the type if improvement:

\_\_\_\_\_

**Proposed Use (Non-Residential)**

Amusement ☐ Church ☐ Industrial ☐ Parking ☐

Utility ☐ Hospital ☐ Office ☐ Store ☐

Other ☐ If other, then describe the type of improvement: \_\_\_\_\_

\_\_\_\_\_

Describe in detail the proposed use of the building, (such as food processing, machine shop, parking garage, laundry building, etc...) If the use of the existing building is being changed from the current use, describe the new use. All applications must be accompanied by 2 sets of complete construction documents. All commercial projects require an engineered design, signed, and sealed by the design professional.

**Cost of Improvement**

Building \_\_\_\_\_

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Heating/Air \_\_\_\_\_

Other \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

**Type of Sewage Disposal**Community System ☐Private (on-lot) System ☐  
(include CCHD permit)**Dimensions (Residential)**

Sq. Ft. of Basement \_\_\_\_\_

Sq. Ft. of 1<sup>st</sup> Floor \_\_\_\_\_Sq. Ft. of 2<sup>nd</sup> Floor \_\_\_\_\_

Sq. Ft. of Garage \_\_\_\_\_

**Principal Type of Heating**Gas ☐ Oil ☐ Electric ☐ Other (Describe) \_\_\_\_\_**Facilities**

Number of Bedrooms \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_

**Contractor's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_

**Architect/Engineer**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_

**Principal Type of Construction**Masonry (Wall Bearing) ☐Wood Frame ☐Steel Structure ☐Reinforced Concrete ☐**Type of Water Supply**Community System ☐Private (Well) ☐  
(include CCHD permit)**Size of Building**

Number of Stories \_\_\_\_\_

Width \_\_\_\_\_

Length \_\_\_\_\_

Height \_\_\_\_\_

Central Air Conditioning Yes ☐ No ☐**Number of Off-Street Parking Spaces**

Enclosed \_\_\_\_\_ Outdoor \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

# Complete this page for all wood frame construction

## I. Footings

### A. Size

1. Width \_\_\_\_\_
2. Height \_\_\_\_\_
3. Depth \_\_\_\_\_

### B. Size of Support Column Footer

1. Size \_\_\_\_\_
2. Height \_\_\_\_\_

C. Is there an elevation change that will require a step in the footer? Yes ☐ No ☐  
(All steps require bulkheads)

## II. Foundation

- A. Poured Concrete.....Wall Thickness \_\_\_\_\_ Height \_\_\_\_\_ (From basement floor to outside grade)
- B. Concrete Block.....Wall Thickness \_\_\_\_\_ Height \_\_\_\_\_
- C. Other (specify) \_\_\_\_\_

## III. Sill Plate

- A. Size.....2x6 ☐ 2x8 ☐ Other \_\_\_\_\_
- B. Type.....Pressure Treated ☐ Naturally Durable Wood ☐
- C. Anchors.....10" for poured walls ☐ 18" for block walls ☐ Spacing \_\_\_\_\_  
(6' max, 1' from corner)
- D. What is the distance from the bottom of the sill plate to the finished grade? \_\_\_\_\_  
(8" min)

## IV. GIRDER

- A. Steel.....Size \_\_\_\_\_ Spacing of support columns \_\_\_\_\_
- B. Wood.....Size \_\_\_\_\_ Spacing of support columns \_\_\_\_\_
- C. Other (explain) \_\_\_\_\_

## V. FLOOR JOISTS

- | A. First Floor     | B. Second Floor    |
|--------------------|--------------------|
| 1. Size _____      | 1. Size _____      |
| 2. Spacing _____   | 2. Spacing _____   |
| 3. Max. Span _____ | 3. Max. Span _____ |

## VI. Type of Roof

- Engineered Truss ☐ (Provide specs)
- Framed ☐

## VII. Insulation Thickness

- A. Walls \_\_\_\_\_ (R-18 min.)
- B. Ceiling \_\_\_\_\_ (R-38 min.)
- C. Floor \_\_\_\_\_ (R-18 min.)

## VIII. Ceiling Height

- A. Basement \_\_\_\_\_
- B. First Floor \_\_\_\_\_
- C. Second Floor \_\_\_\_\_

## IX. Chimney

- A. Type.....Steel ☐ Masonry ☐
- B. Type of Appliance....Gas ☐ Oil ☐
- Solid Fuel (wood, coal, etc.) ☐

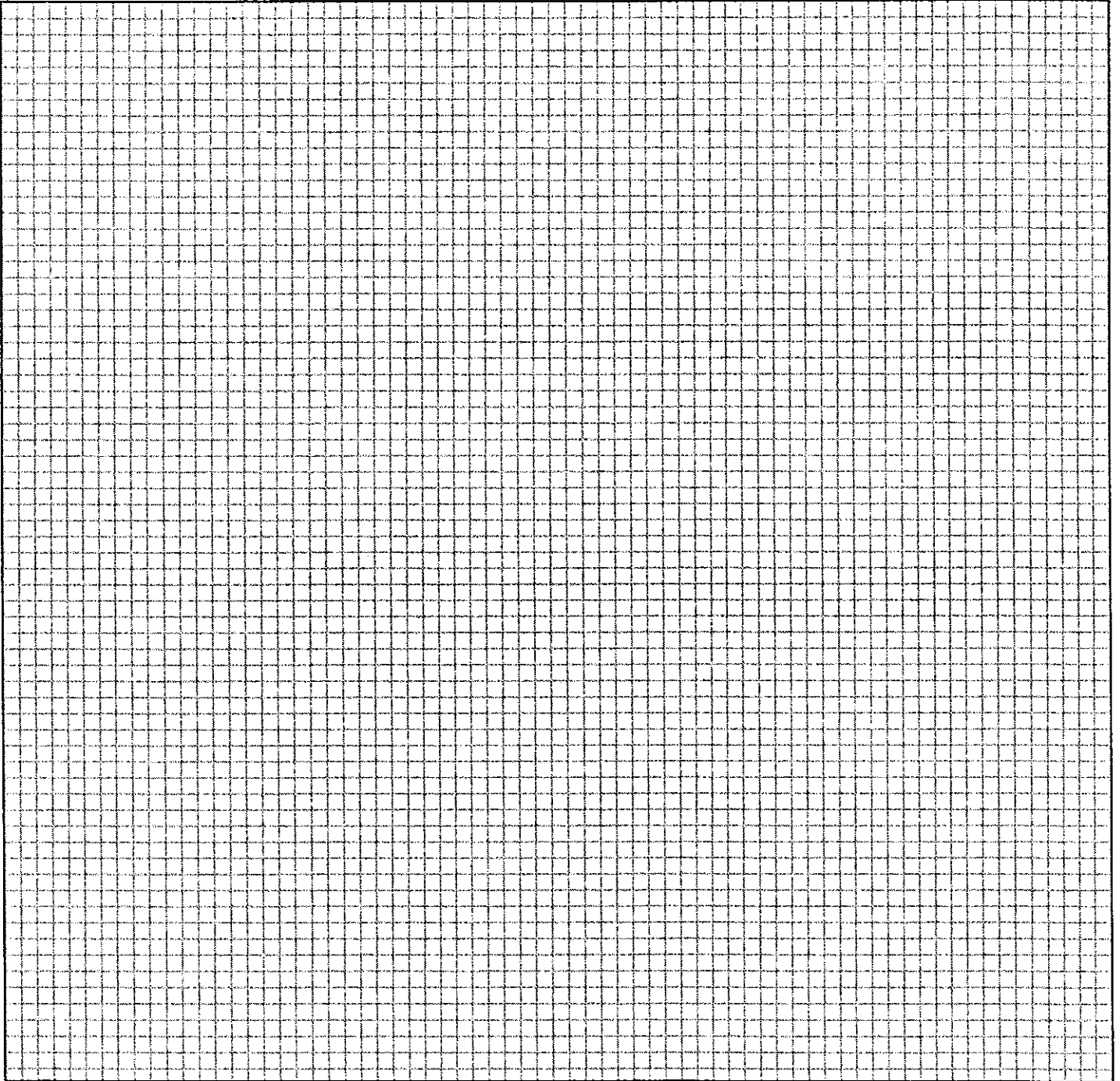
## X. Exterior Wall Studs

- A. Size \_\_\_\_\_ B. Spacing \_\_\_\_\_ C. Bracing.....Diagonal ☐ Plywood ☐

## Location of Improvements

Submit a plot plan of the boundary of the property, to scale, showing the following improvements:

- 1) Location of all existing and proposed structures and buildings
- 2) Septic systems (tanks and drain fields)
- 3) All public and private roads that border the property
- 4) All streams, ponds, etc.
- 5) Driveways and parking, loading areas, etc.

A large rectangular area filled with a fine grid of small squares, intended for drawing a plot plan of a property boundary and improvements.

I hereby certify that the proposed work is authorized by the owner of record and that I am or have been authorized to by the owner to make this application as his or her authorized agent and that we agree to conform to all applicable laws of jurisdiction. I also certify that I have read the supplemental forms outlining inspection requirements and procedures and agree to comply.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

# APPLICATION / ELECTRICAL PERMIT

Property Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Property Location \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of work \_\_\_\_\_

Enter the number and size of fixtures being repaired, replaced or installed

Service Amps \_\_\_\_\_ # of circuits \_\_\_\_\_ # of service outlets \_\_\_\_\_ 110V \_\_\_\_\_ 220 V \_\_\_\_\_ Utility # \_\_\_\_\_

List Devices	Qty	Load/Output	List Devices	Qty	Load/Output	List Devices	Qty	Load/Output
Switches			Dishwasher			Heater		
Receptables			Washer			Hot Water Heater		
Circuit Panel			Dryer					
Lights			Spa/Hot Tub					
Smoke Det.			A/C Unit					

Re-introduction of service: Yes \_\_\_\_\_ No \_\_\_\_\_

Cost of Improvement \_\_\_\_\_

Application Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Permit Fee \_\_\_\_\_

Issue Date \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

# WORKERS' COMPENSATION INSURANCE INFORMATION

A. Is the applicant a contractor within the Pennsylvania Workers' Compensation Law?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is 'yes', complete Sections B, C, and D below, as appropriate.

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B. Insurance information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

\_\_\_\_\_ Check if Certificate is attached

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

\_\_\_\_\_ Check if Certificate is attached

Policy Expiration Date \_\_\_\_\_

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C. Is the applicant using any subcontractors on this project?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is 'yes', the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

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D. Exemption

Complete Section D if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_\_\_ Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

\_\_\_\_\_ Religious Exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

Signature required for all applicants

Signature of applicant \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

# East Coventry Township

## Plumbing Fixtures Table

### B. TECHNICAL SITE DATA

List all Fixtures

#### TYPE OF WORK:

No.	Fixtures	Fee	NO.	Fixtures	Fee	
	Water Closet/Bidet/Urinal	\$ _____		Garbage Disposal	\$ _____	COLUMN 1 \$ _____
	Bathub	_____		Air Conditioner Unit	_____	COLUMN 2 \$ _____
	Lavatory/Sink	_____		Indirect Connection	_____	SUBTOTAL \$ _____
	Shower/Floor Drain	_____		Sewer Ejector	_____	Minimum Plumbing Fee
	Washing Machine	_____		Grease Trap	_____	(If applicable) \$ _____
	Dish Washer	_____		Interceptor	_____	
	Commercial Dishwasher	_____		Backflow Device	_____	Total Plumbing Fee
	Water Heater	_____		Reduced Pressure	_____	(Greater of Minimum
	Domestic Boiler	_____		Backflow Device	_____	or Subtotal) \$ _____
	Furnace	_____		Vent Stack	_____	
	Steam Boiler	_____		Solar System	_____	
	Water Util. Connection	_____		Other _____	_____	
	Sewer Util. Connection	_____		Other _____	_____	
	Hose Bib	_____		Other _____	_____	
	Water Cooler	_____		Other _____	_____	
	COLUMN 1 \$ _____			COLUMN 2 \$ _____		

### C. PLUMBING CHARACTERISTICS

USE GROUP: \_\_\_\_\_ Current \_\_\_\_\_ Proposed \_\_\_\_\_

Drainage -- Material \_\_\_\_\_ Size \_\_\_\_\_

Building Sewer -- Material \_\_\_\_\_ Size \_\_\_\_\_

Water Service -- Material \_\_\_\_\_ Size \_\_\_\_\_

Venting -- Material \_\_\_\_\_ Size \_\_\_\_\_

Estimated Cost of Plumbing Work: \$ \_\_\_\_\_

### D. COMMENTS

☐ Fast-Track Processing ☐ Prototype Processing

U.C.C. Form F-130 (4/83) White = Office Copy

Yellow = Applicant Copy

Pink = Inspectors Copy

**PLEASE ATTACH RISER DIAGRAM FOR DWV & WDP**

PERMIT NO. # \_\_\_\_\_

**EAST COVENTRY TOWNSHIP  
APPLICATION & ZONING PERMIT**

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Address : \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

**ZONING**

Zoning District Classification: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Building Dimensions: Stories: \_\_\_\_\_ L: \_\_\_\_\_ W: \_\_\_\_\_ H: \_\_\_\_\_

Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
(if applicable)

**DISTANCE TO LOT LINES**

Front yard: \_\_\_\_\_ Side yard: \_\_\_\_\_ Side yard: \_\_\_\_\_ Rear yard: \_\_\_\_\_

**IMPERVIOUS SURFACE CALCULATION**

Building coverage: \_\_\_\_\_ s.f. Percent of Lot: \_\_\_\_\_  
( footprint all roof covered buildings, sheds etc., including proposed )

Total Lot coverage: \_\_\_\_\_ s.f. Percent of Lot: \_\_\_\_\_  
( include all impervious paving, concrete pads, sidewalks etc. plus buildings )

This application must be submitted with (2) plot plans of the property. Drawings should be to scale and showing locations of all buildings and structures with the distances to lot lines and other buildings, location of any streams, ponds, flood plains, slopes, septic, wells etc.

**Residential Fee: \$75.00**

**Commercial Fee: \$150.00**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Zoning Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee Paid: \$** \_\_\_\_\_

**Check #** \_\_\_\_\_